

ORANGE COUNTY
CHILDREN AND FAMILIES COMMISSION



First Strategic Plan

February 16, 2000

ORANGE COUNTY CHILDREN AND FAMILIES COMMISSION

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Table of Contents

Executive Summary	1
Creating a Vision.....	3
Vision.....	3
Mission	4
Goals	4
Operating Principles	4
Key Milestones.....	5
Community Engagement	6
A Statistical Portrait	7
Assets and Resources	11
Critical Choices.....	14
Allocation Process	30
Funding Categories	32
Evaluation Process	34
Appendices	36
The Planning Process (Appendix A)	37
Acknowledgments (Appendix B)	44
Early Action Programs (Appendix C).....	46
Assistance for High Risk Families	46
Expanded Health Services at Family Resource Centers.....	47
Increased Hospital Support for Families	48
Perinatal Residential Substance Abuse Treatment Services	49



Executive Summary

On February 16, 2000, Orange County took an important first step in improving the lives of Orange County's youngest children and their families. With the adoption of a child focused Strategic Plan, the Orange County Children and Families

Commission will devote substantial resources to improving the health, education and development of young children prenatal through age five.



Background

California voters passed Proposition 10, the California Children and Families First Act of 1998. The Act provided for an excise tax on tobacco products specifically a 50 cent per pack on cigarettes. The monies collected are to be used to fund parent education, health and child care programs that promote early childhood development from prenatal through age five. Before a county could receive Proposition 10 tobacco tax revenues, the Board of Supervisors had to establish a County Children and Families Commission. Prior to being able to allocate any revenues, the Commission had to develop and adopt a Strategic Plan. The first Strategic Plan was adopted by the Orange County Children and Families Commission on February 16, 2000.

While the Commission recognized the unique funding opportunity Proposition 10 afforded, it did not want to re-create systems and processes that already existed and were working, but rather to build upon them.

The strategic planning process was designed to be broad, inclusive and efficient. It relied on the wealth of knowledge, expertise, and ideas among diverse community members and of collaborative initiatives already in existence in Orange County. The Commission went to great lengths to assure input from under-represented ethnic groups and special need target populations. The Commission was also cognizant of the fact that much good work had already been done in Orange County related to coordinating services for children and families and gathering county-wide needs and trend data. While the Commission recognized the unique funding opportunity Proposition 10 afforded, it did not want to re-create systems and processes that already existed and were working, but rather to build upon them.

Focus Areas

The Commission established a vision and mission designed to ensure that Orange County children will grow up in a safe, supportive, and nurturing environment, specifically focusing on outcomes related to:

- Healthy Children
- Strong Families
- Children Learning and Ready for School
- Integrated Quality Service System

One of the first steps in developing the Children and Families Strategic Plan was to evaluate the needs of children prenatal through age five and their families, identify and map existing resources for this population and delineate service and system gaps. The Commission believes that in order for a child to reach age six and enter school healthy, developmentally on target, and ready to learn, the child's developmental, health and family support needs could not be artificially separated but rather must be viewed synergistically.

Strategies

The county statistical portrait, review of assets and service gaps, and public input provided the foundation for defining measurable outcomes, key indicators, and program strategies. Strategies are categorized as either a policy, research or service strategy to capture the breadth and depth of the Children and Families Initiative. While there are numerous individual strategies designed to achieve the Commission's outcomes, the over-arching concept is to develop an integrated, coordinated, easily accessible system of health, early care and education and family support services for all families who want, need or choose to use them.

The over-arching concept is to develop an integrated, coordinated, easily accessible system of health, early care and education, and family support services for all families who want, need or choose to use them.

Such services will augment, not supplant existing programs. Investments will need to be made to develop an effective system for analyzing program results, supported by verifiable outcome data, and linking them to County-wide impact.

The strategies presented in the Strategic Plan include a commitment to performance measurement and program evaluation. This commitment

ensures opportunities to show how strategies will be used to achieve goals, show consequences of budget decisions, and develop useful information to make further policy decisions about the community.

Acknowledgments

This Strategic Plan would not have been possible without the tremendous investment of time and energy put forth by hundreds of Orange County residents who participated in community forums, focus groups, surveys and presentations to the Commission. Their commitment, along with that of the community volunteers who planned and

implemented the strategic planning process, has contributed to the successful completion of this first plan. The Commission wishes to recognize and thank them for their efforts. A complete list of community volunteers and collaborative partners in the strategic planning process is included in Appendix B.

Creating a Vision

At first people refuse to believe that a strange new thing can be
done, and then they begin to hope it can be done,
then they see it can be done--
then it is done,
and all the world wonders why it was not done centuries ago.
--Frances Hodgson Stuart



Opportunities abound. Experiences in the first years of a child's life have a profound impact on future education, social, and economic outcomes. Orange County families have spoken to us about the challenges and demands they face every day in providing this healthy start for their children.

The passage of Proposition 10 has provided a unique opportunity to engage our community and envision an environment where the needs of our children are effectively met. Through this shared vision, we will promote strategies to invest in our children.



Vision

All Orange County children will grow up in a safe, supportive, and nurturing environment where:

- Their physical, social, emotional and intellectual health is a primary focus of attention at home and in the community
- Their families are supported in ways that promote good parenting
- Their families and other caregivers are supported in promoting each individual child's well being and readiness to learn

Mission

The mission statement defines the Commission's role in achieving the vision for Orange County children. The mission of the Orange County Children and Families Commission is:

To promote healthy child development and school readiness by comprehensively addressing the physical, social, emotional, and intellectual health needs of children from the prenatal period through age five by promoting, funding, supporting, and monitoring a high quality, integrated, family supported and culturally compatible service delivery system.

Goals

The goal statements reflect long term outcomes the Commission is working towards based on four priority focus areas

Healthy Children

Ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period through age five

Strong Families

Support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children



Children Learning and Ready for School

Provide early care and education opportunities for all children to maximize their potential and succeed in school

Integrated Quality Service System

Ensure access to a quality child and family support services delivery system

Operating Principles

The Children and Families Commission adopted these operating principles to provide guidance in the development of the Strategic Plan. They reflect the values and beliefs of the Commission and will be used to support policy, program, and funding decisions.

1. Focus on policy level issues and decisions
2. Be fair and open in decision making
3. Be accountable to the public for achieving planned outcomes
4. Promote and fund high quality services
5. Rely on research based and proven models
6. Develop programs that are culturally competent and linguistically appropriate.
7. Promote integration of services through local and convenient access points
8. Focus on sustainability
9. Leverage funds to maximize community resources and program support
10. Make funding decisions based on:
 - clear proposal evaluation and rating criteria
 - relationship to Proposition 10 purpose, goals, and outcomes
 - compelling community need
 - ability to document meaningful outcome

Key Milestones

November 1998

California voters passed Proposition 10, the California Children and Families First Act of 1998. The Act provided for an excise tax on tobacco products including a 50 cent per pack on cigarettes. The monies collected are to be used to fund parent education, health and child care programs that promote early childhood development from prenatal through age five. Before a county could receive Proposition 10 tobacco tax revenues, the Board of Supervisors had to establish a County Children and Families Commission. Prior to being able to allocate any revenues, the Commission had to develop and adopt a Strategic Plan.

December 15, 1998

Orange County Board of Supervisors adopted ordinance #98-18 establishing the Orange County Children and Families Commission and Trust Fund. In establishing the Commission, the Board of Supervisors would appoint members representing a diversity of interests.

September 15, 1999

Orange County Children and Families Commission members took the oath of office at their first

meeting and designated the Chair and Vice Chair of the Commission. A list of the founding Commission members is listed in Appendix B.

November 3, 1999

Orange County Children and Families Commission approved a process and budget for the development of the Strategic Plan. The Commission acknowledged that the first plan would be a baseline plan and that through a process of continued community involvement and program monitoring, this initial plan would be reviewed routinely, at least annually, and evolve over time.

February 2, 2000

Commission conducted a Public Hearing on the proposed Strategic Plan.

Key components of the plan presented included the proposed Vision, Mission, Goals, Operating Principles, Outcomes, Indicators, and Strategies.

February 16, 2000

The first Strategic Plan was adopted by the Orange County Children and Families Commission. Four Early Action Projects, identified in the first Strategic Plan, were also approved for funding.



Community Engagement

The strategic planning process was designed to be broad, inclusive and efficient. It relied on the wealth of knowledge, expertise, and ideas among diverse community members and of collaborative initiatives already in existence in Orange County. The Commission went to great lengths to assure input from under-represented ethnic groups and special need target populations as will be seen in the Orange County's Planning Process (Appendix A) Community Involvement section.

The Commission was cognizant of the fact that much good work had already been done in Orange County related to coordinating services for children and families and gathering county-wide needs and trend data. While the Commission recognized the unique funding opportunity Proposition 10 afforded, it did not want to re-create systems and processes that already existed and were working, but rather to build upon them.

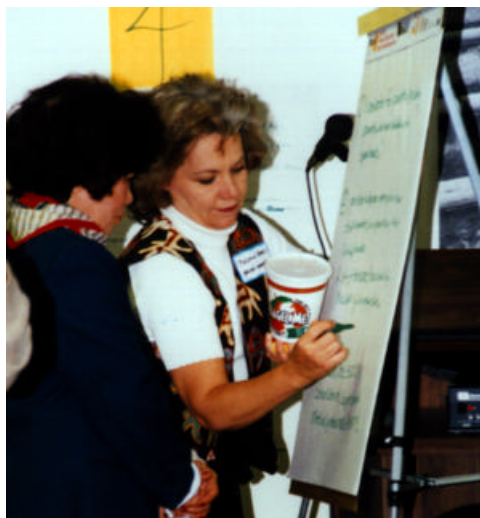
The Commission, therefore, designed its planning process and structures to include existing collaborative bodies:



- The Children's Services Coordination Committee
- The Orange County Health Needs Assessment Project
- The Families and Communities Together (FaCT) Program
- The Child Care and Development Planning Council
- Orange County's United Way



The planning infrastructure and process is described in Appendix A. The many experts and stakeholders who assisted in the planning process are listed in Appendix B.



The Commission recognizes the critical and enormous nature of its charge – to create a consumer-oriented, easily accessible, high quality, effective system that supports the healthy growth and development of young children.

It is the Commission's intent, therefore, that this initial Strategic Plan be viewed as a "living" document to be reviewed annually and revised as needed based on new information, evaluation findings, emerging needs, and changes in the community.

A Statistical Portrait

One of the first steps in developing the Children and Families Strategic Plan was to evaluate the needs of children prenatal through age five and their families, identify and map existing resources for this population and delineate service and system gaps. The Commission believes that in order for a child to reach age six and enter school healthy, developmentally on target, and ready to learn, the child's developmental, health and family support needs could not be artificially separated but rather must be viewed synergistically.



Young children in Orange County are fortunate in many ways. Yet, despite being the home of the "happiest place on earth", Orange County has young children who need support to ensure that they are happy, healthy and ready to learn. As shown in the summaries below, critical needs still exist in the areas of economic security, prenatal care, immuniza-

tions, health insurance coverage and health care access, affordable, quality child care, and family support programs.

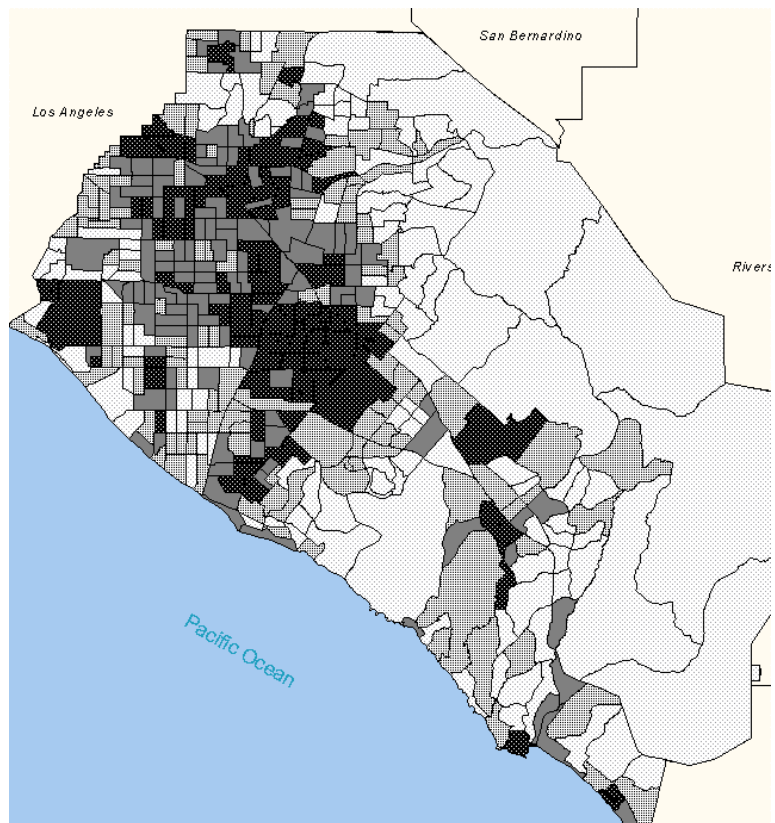
Economic Profile

Orange County has diverse communities and is home to some of the wealthiest people in America while others struggle to feed, clothe and house their families.

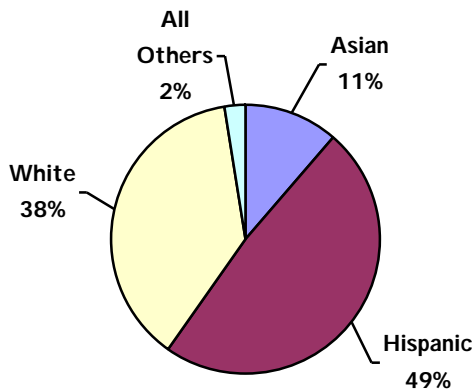
This map of Orange County illustrates the geographic distribution of households with income below \$25,000 in 1995.

The darker areas depict 30% or more of the households, the lighter areas less than 17.5%

Center for Demographic Research – 1995 Data



Orange County's Children



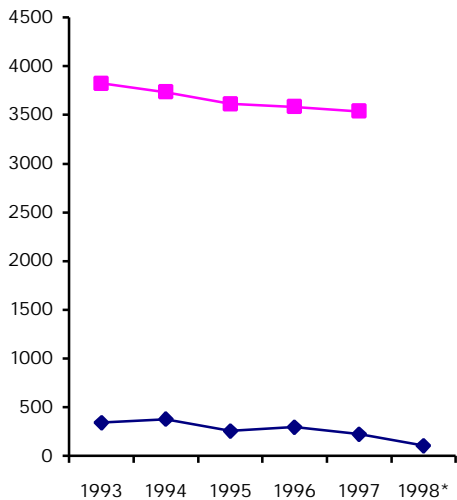
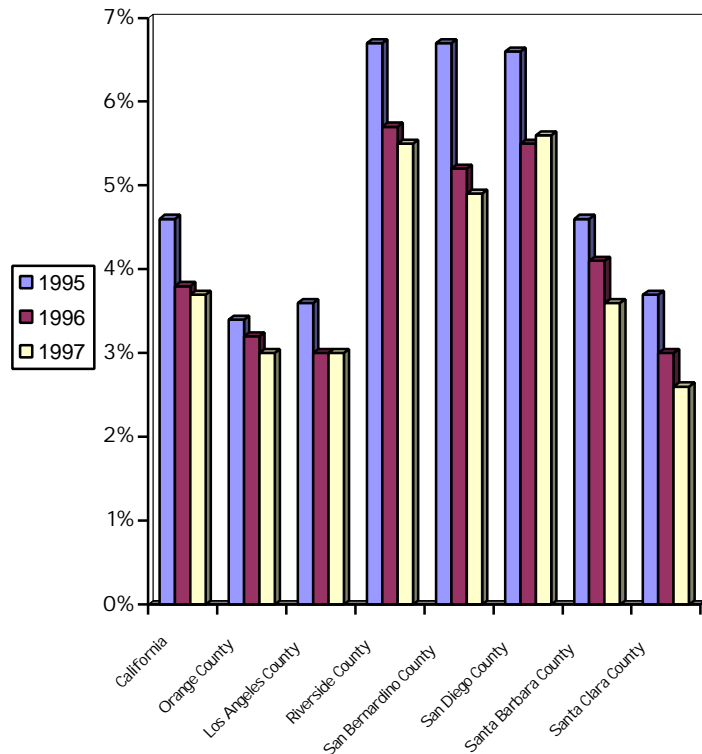
Orange County continues to experience dramatic demographic changes and has become ethnically more diverse each year. Orange County has 284,635 children ages 0 – 5, approximately 10% of the 1998 total population.

Center for Demographic Research – 1998 Data

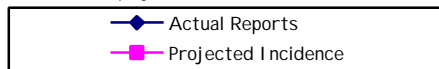
Early Prenatal Care

While the rates of prenatal care have increased for all major ethnic groups in the County, the overall rate of pregnant women who receive early prenatal care is about 85% which is still below the Healthy People 2010 goal of 90%. Latina women, who represent the largest number of births, and teenage mothers, is the group least likely to receive early prenatal care. In 1997, only 3 percent of Orange County women received late (third trimester) or no prenatal care.

Orange County Community Indicators - 1999



* Total births data for 1998 unavailable, hence, unable to calculate 1998 projected incidence estimate.

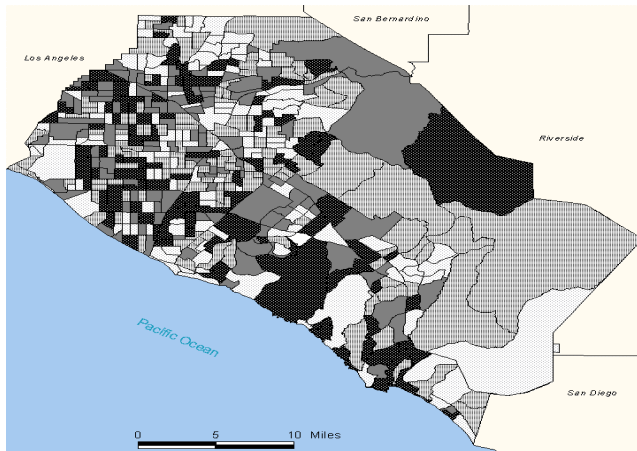


Substance-Exposed Infants

In 1998, there were 106 substance-exposed births reported. However, projected incidence estimates indicate that the number is actually higher. This estimate is based on a 1992 State study that used urine toxicology screening and a random sample of 30,000 mothers at the time of delivery. This study found that 7.49% of Orange County mothers tested positive for alcohol and/or drug use at the time of delivery. Prenatal alcohol, tobacco and drug exposure is often undetected.

The Fifth Annual Report on the Conditions of Children

Low Birth Weight



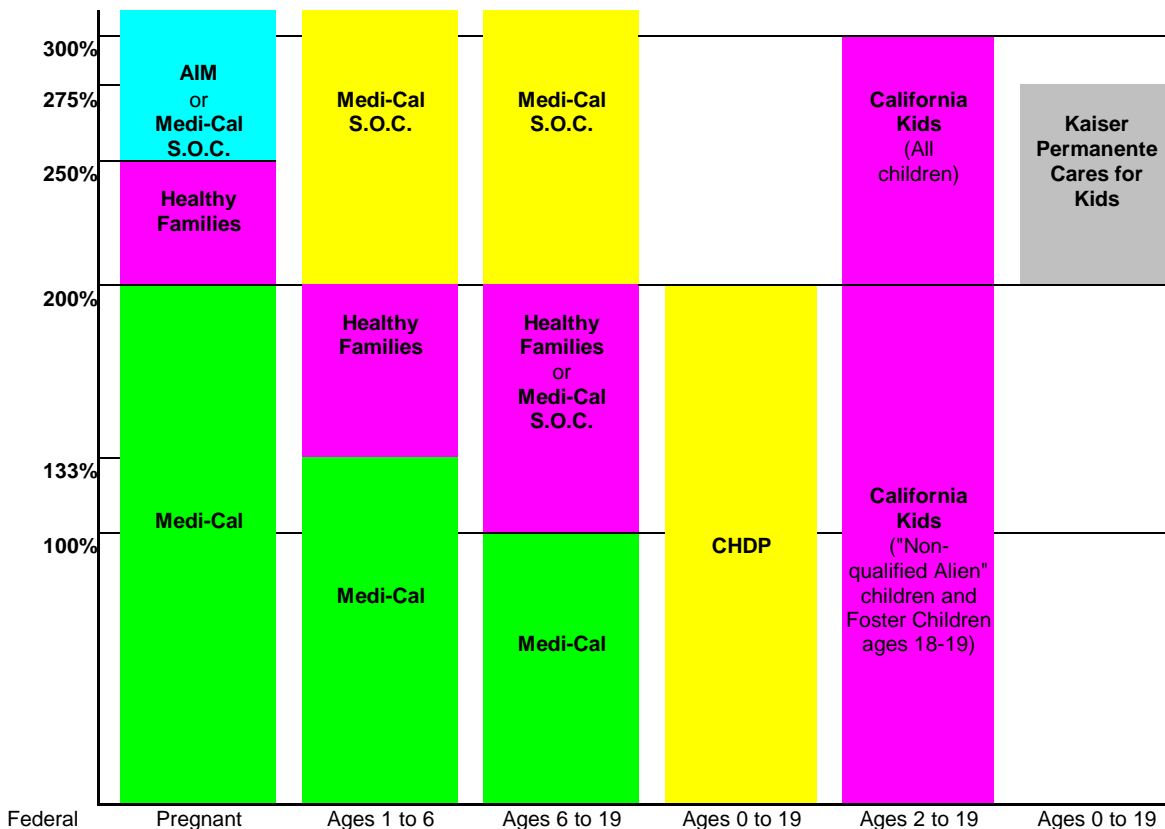
During 1997, low and very-low birth weight infants represented 5.3% of all Orange County births. The number of low and very-low birth weight infants born in Orange County in 1997 equaled 2,496 infants out of 47,236 births. State data identifies that 20 – 30% of all low birth weight births are associated with tobacco use during pregnancy. Other risk factors include poor nutrition, maternal age under 17 and over 34, low economic status, drug and alcohol use during pregnancy, lack of health care, and lack of information about or access to support systems and services. The darker areas depict 6.6% or more low weight births, the lighter areas under 4.5%.

Center for Demographic Research

Health Insurance

Nearly 13% of all children in Orange County, or almost 90,000 children aged birth to 18, are without any health care coverage. Of these, 57% are Latino. Not having health care coverage results in, among other things, reduced well child care visits, reduced likelihood of receiving a compre-

hensive developmental screening that would identify early developmental problems, reduced immunizations, reduced treatment for illness and injuries, reduced dental care and no regular source for health care.



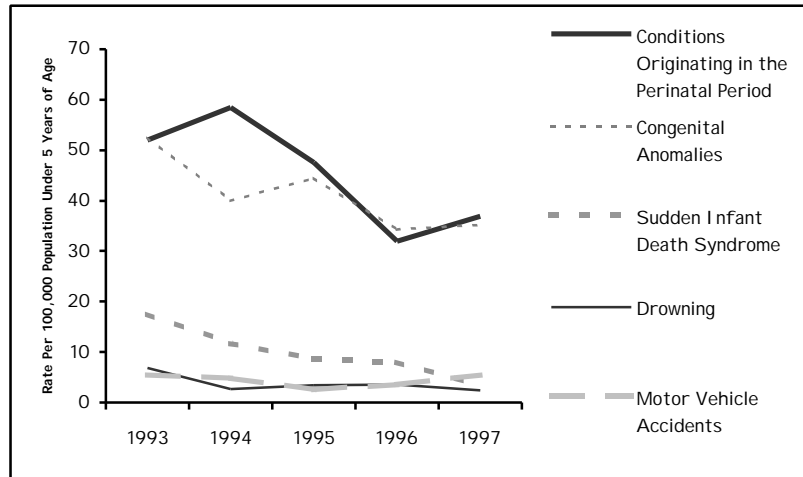
Leading Causes of Death

The five leading causes of death for children under five years of age in Orange County from 1993 to 1997 include:

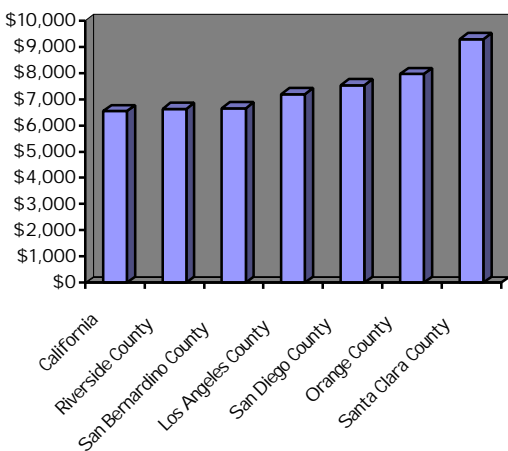
- Conditions originating in the perinatal period
- Congenital abnormalities
- Sudden infant death syndrome
- Drowning
- Motor vehicle accidents

Many of these deaths are preventable.

Orange County Community Indicators – 1999



Average Child Care Cost Per Year – Infant (0-2) 1999



Child Care Affordability

Quality child care is essential both to provide all children the benefit of early care and education programs and to assist the family in achieving economic self-sufficiency. For many parents, finding and paying for child care is a significant challenge and an enormous financial burden. As of February 1999, funding allowed about 10,000 children to be enrolled in California Department of Education subsidized child care programs in Orange County. However, a centralized eligibility list contains the names of 20,000 more children whose families were income-eligible for these child care services.

Orange County Community Indicators – 1999

Parenting Programs

The future success of children rests on the foundation of strong families. Parent education is a wide spread programmatic response to the needs of parents. There are hundreds of parent education classes and providers listed in County resource databases. These programs vary widely from comprehensive family resource center programs that can meet a wide variety of needs in addition to parenting education classes, to far less ambitious programs



that provide parents with a few Saturday morning sessions loosely defined as “parent education.” Without clear definitions of “parent education” and a comprehensive listing of programs including their content, target audience, and intended results, both parents seeking assistance and support and service providers making referrals become frustrated and ineffectively served.

Assets and Resources

Significant Assets

Broad Based, County-Wide Focus on Prevention

Prevention has become a program focus area across the county in a variety of domains and fields of practice. While not formally linked as an over all county-wide strategy, taken together, these efforts represent a strong trend. In 1999, the Board of Supervisors adopted prevention as one of its five strategic focuses for County government. Hospitals collaborated on the Countywide Health Needs Assessment and identified health promotion as a priority. For the past five years, the Social Services Agency has used its Family Prevention and Support funding



to support collaborative, community based, prevention focused programs. The County Sheriff and many local law enforcement agencies are supportive of prevention efforts including the use of community policing. Prevent Child Abuse Orange County, the County's Child Abuse Prevention Council, has been a strong advocate for child abuse prevention and, among other activities, conducts an annual child abuse awareness campaign.

Successful Experience in Coordinating and Collaborating

County government, hospitals, community clinics, private non-profits, United Way, public/private schools, local colleges and universities and others have developed a strong foundation for collaboration around community health, child care, education and family support issues. Children's System of Care, Medical Services for Indigents, Homeless Issues Task Force, Continuum of Care Forum Collaborative and



Families and Communities Together (FaCT) are but a few examples. The active involvement of several key collaborative groups in the county as partners in the strategic planning process is further evidence of this successful experience.

Existing Quality Programs

Orange County has many high quality programs in the health, child care and family support areas. These include programs provided by the County, individual cities, schools, and by a vast number of non-profit, for profit, and community based organizations. There are several demonstration and model programs that are part of a larger State or na-



tional initiative. For example, Santa Ana is a federally designated Empowerment Zone, The Orange County Health Care Agency is a demonstration site for the David Olds nurse home visitor model program, there are two California Safe and Healthy Families home visitation model sites and numerous school based Healthy Start programs.

Community Focus on Data Collection

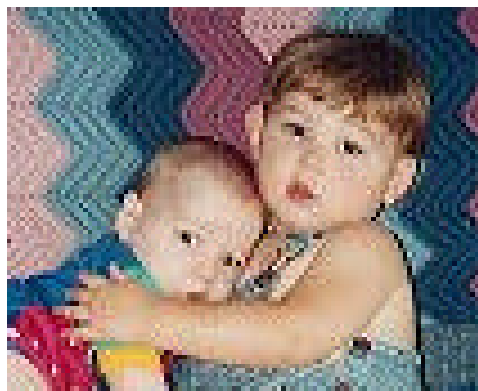
Public and private service providers and county-wide coalitions have recognized the need for accurate and reliable data for program planning and tracking progress towards goals. *The Orange County Community Indicators Report 1999, the 5th Annual Report on the Conditions of Children in Or-*



ange County 1999, The Countywide Health Needs Assessment, The Child Care and Development Planning Council Needs Assessment 1999, and United Way's Geographic Information System mapping are but a few examples.

Emphasis on Outcomes

Government, private Orange County foundations, United Way, other funders and service providers value the use of outcomes for monitoring program quality and results for children and families. Significant progress has been



made towards collaboratively developing indicators of importance to county-wide planning in the areas of health, education, social services, safety, and criminal justice.

Gaps and Barriers

In analyzing the community and collaborative research reports, county-wide data, and geographic information mapping and community input, a number of gaps in and barriers to service were identified.

Access to Services

Parents and professionals both repeated and reinforced that many barriers to access exist for families attempting to obtain health care, child care, and family support services e.g., language, transportation, child care, culture, cost, hours and location of services.

Knowledge About Available Services



Feedback during focus groups and community forums emphasized that there may be many services available, but the community is unaware of them.

Data Collection for Some Key Indicators



Prevalence of substance-exposed births, immunizations rates for birth to two year olds, school readiness assessments, and child care needs data are examples.

Consensus Around the Definition of School Readiness

Each school district has its own approach and measurement to determine school readiness, and there is lack of articulation between early care and education programs and the K-12 educational system.

Knowledge About What Works in Certain Areas

Research findings documenting the effectiveness of many parent education programs is missing.

Inadequate Developmental Assessments and Early Detection of Chronic and Disabling Conditions



Public input during community forums and commission meetings emphasized the need for standard comprehensive assessments to be used by both health care providers, and early care and education programs.

Critical Choices

Goals, Objectives, Outcomes and Strategies

The charts in this section outline the Commission's measurable outcomes, key indicators, and program strategies developed in response to the needs, gaps and barriers data.

Outcomes

Outcomes measure the extent to which programs and services, taken together, are achieving the goals of healthy children, children developing and ready to learn, strong and capable families, and an integrated quality service delivery system.

Outcomes will be evaluated from a county-wide and system-wide perspective with progress reported annually to assist the Commission in its on-going strategic planning process.

Indicators

Indicators are a specific kind of data used to track progress toward the achievement of objectives. Indicators will be tracked and reported annually and used by the Commission to evaluate

the impact of their funding decisions on achievement of their stated outcomes.

Strategies

Strategies are the courses of action taken to achieve outcomes and objectives. Strategies that have received funding will be evaluated using process and performance measures. Evaluation reports will be reviewed annually by the Commission to ensure accountability. All strategies, including those identified in the initial plan but not funded, will be reviewed and updated as needed based on community need.

Strategies are categorized as either a policy, research or service strategy to capture the breadth and depth of the Children and Families Initiative. While



there are numerous individual strategies designed to achieve the Commission's outcomes, the over-arching concept is to develop an integrated, coordinated, easily accessible system of health, early care and education and family support services for all families who want, need or choose to use them. These services will be accessed through a number of key "platforms", namely health care providers, early care and education providers, local education agencies, school districts - either individually or collectively, and community based Family Resource Centers. These "platforms" will be linked to work as a team in support of the healthy development of young children and their families.

Healthy Children: ensure the overall physical, social, emotional and intellectual health of children during the prenatal period of age five

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy/ Research
Increased percent of children born healthy	<ul style="list-style-type: none"> Prenatal Care Low Birth Weight Infant Mortality Substance Exposed Infants. 	<p>Increase to at least 90% the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy, and whose care is adequate</p> <p>Reduce low birth weight to an incidence of no more than 5% of live births and very low birth weight to no more than 1% of live births</p> <p>Reduce the infant mortality rate to no more than 4 per 1,000 live births</p> <p>Increase abstinence from alcohol use by pregnant women. Increase abstinence from tobacco use by pregnant women by 75%. Eliminate use of illicit drugs by pregnant women</p>	Develop a standard comprehensive newborn and family assessment protocol that includes attention to physical and mental health, social issues, ATOD, family functioning and resources	<p>Develop comprehensive prenatal care programs that are available and accessible through community based sites/mobile vans</p> <p>Train relevant health care providers and their staff to identify and respond appropriately to Alcohol, Tobacco and Other Drug (ATOD) use among their patients in the office setting</p> <p>Provide home visitation services to augment and support prenatal and maternal child health care</p> <p>Increase community based health promotion and disease prevention programs</p> <p>Expand treatment programs for substance abusing pregnant women</p> <p>Increase community awareness of the impact of Alcohol, Tobacco and Other Drugs (ATOD) on children prenatal through early childhood</p>	Develop and conduct annual prevalence survey related to drug/substance exposed births

Healthy Children (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased access to early developmental assessments so that all chronic and disabling conditions are identified, assessed and managed	<ul style="list-style-type: none"> Developmental Assessments Mental Health Issues 	<p>Increase the proportion of primary care providers who are trained and routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and who assess other developmental milestones as part of well-child care</p> <p>Increase to at least 75% the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent/child functioning, with appropriate counseling, referral, and follow-up, in their clinical practices</p>	Advocate for the development of a standard comprehensive child assessment protocol	<p>Train primary care providers in early detection/ intervention of chronic and disabling conditions related to physical & mental health</p> <p>Make health and mental health consultation services available for child care providers</p> <p>Provide screenings, assessments and case management at community based health care sites/mobile vans</p> <p>Link with school based Healthy Start programs</p>	Develop a system to track implementation and effectiveness of primary care provider training

Healthy Children (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Reduced number of child deaths and disabilities due to preventable causes.	<ul style="list-style-type: none"> Immunization Child Mortality Preventable Injuries Use of Preventive Health Care Breast Feeding Sudden Infant Death 	<p>Increase age appropriate immunization levels to at least 95%.</p> <p>Reduce the rate of child mortality to 30 per 100,000 children aged 1 – 5.</p> <p>Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 754 per 100,000 children.</p> <p>Increase use of occupant protection systems, such as safety belts and child safety seats to at least 90% of motor vehicle occupants.</p> <p>Increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period.</p> <p>Decrease number of SIDS cases</p>		<p>Increase community based health promotion and education and disease and injury prevention programs</p> <p>Improve safety in early care and education facilities and other environments where children are in group settings</p> <p>Improve safety at home and in surrounding residential environments</p> <p>Make lactation specialist and breastfeeding training available at all hospitals where children are born</p> <p>Make breastfeeding information /education readily available at community based health care and family resource center sites</p> <p>Increase community awareness of Alcohol, Tobacco & Other Drugs (ATOD) & impact on child safety</p>	Develop an Immunization Registry

Healthy Children (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased percent of children who have and use a health home for comprehensive health services to include physical, dental, and mental health	<ul style="list-style-type: none"> Health Insurance Well Child Care Visits Oral Health 	<p>Increase to 100% the number of children with health coverage</p> <p>Increase the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals. Increase to at least 95% the proportion of children who have a health care home</p> <p>Reduce dental caries so that the proportion of children with one or more caries is no more than 35% among children under 6</p>	<p>Advocate for universal access to health care from birth to five, regardless of insurance and immigration status</p> <p>Develop policies and procedures that allow for the sharing of appropriate information across systems and among service providers</p>	<p>Develop hospital based health care coordinators to link children with a health home, enroll children in insurance programs as needed, facilitate links with community based health care sites, family resource centers, and school based Healthy Start programs</p> <p>Provide culturally appropriate outreach to maximize number of eligible children enrolled into Medi-Cal, Healthy Families and other plans</p> <p>Create neighborhood based comprehensive health care and dental care sites/mobile vans</p> <p>Link with school based Healthy Start programs</p> <p>Provide discretionary funding to facilitate access to health services (i.e., childcare, transportation, translation)</p> <p>Expand hours and resources available at community clinics</p>	

Healthy Children (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased percent of children growing up in healthy and safe environments	<ul style="list-style-type: none"> Tobacco Exposure Exercise ATOD use and abuse Domestic Violence Child Abuse Gun Related Accidents Lead Exposure 	<p>Reduce to no more than 20% the proportion of children aged 5 and younger who are regularly exposed to tobacco smoke at home</p> <p>Increase the availability and accessibility of physical activity and fitness opportunities</p> <p>Reduce number of children who are exposed to alcohol and other drugs in their homes and communities</p> <p>Decrease number of reports of domestic violence that involve young children</p> <p>Decrease number of child abuse reports involving young children decrease number of young children removed from their homes due to child maltreatment</p> <p>Decrease number of accidents injuries, death related to guns</p> <p>Decrease # of children exposed to lead in their homes/environments</p>	<p>Advocate for healthy and safe environments</p> <ul style="list-style-type: none"> lead testing air/radon fluoridated water violence prevention ATOD prevention child abuse prevention <p>Promote parent and community involvement in planning, design, and delivery of services</p> <p>*ATOD = Alcohol Tobacco and Other Drugs</p>	Increase community based health promotion and disease prevention programs	

Strong Families: support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased family self-sufficiency	<ul style="list-style-type: none"> Family Self-Sufficiency 	<p>.Improvement in the condition of Orange County families as gauged by the following socio-economic indicators:</p> <ul style="list-style-type: none"> Homelessness Hunger Poverty Environmental Stability Formal Education of Parents Employment <p>Social Capital/ Support</p>	<p>Advocate for linkage between parenting programs and self-sufficiency programs such as housing and job training</p> <p>Advocate for development of affordable housing</p>	<p>Provide emergency services to meet basic episodic needs(food, respite, rental assistance, utilities)</p> <p>Provide access to jobs and job training supported by child care</p> <p>Develop homeless prevention and transition to permanent housing services</p> <p>Develop self-help networks among families with similar concerns and needs</p>	

Strong Families (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased parenting knowledge and skills to support effective child rearing and healthy choices	<ul style="list-style-type: none"> Effective Programs 	Percentage of parents who increased parenting skills and continued to use them six months after classes	Encourage recognition of family friendly employers	<p>Provide comprehensive, high quality, effective parent education programs covering a wide range of topics, including family planning, that are culturally appropriate and offered in multiple languages</p> <p>Link with school based Healthy Start programs</p> <p>Expand home visitation services to support new and at risk families</p> <p>Develop new and expanded substance abuse prevention and treatment programs that integrate parenting education into their programs</p> <p>Expand pregnant and parenting teen programs including teen pregnancy prevention education</p> <p>Develop father involvement programs</p> <p>Develop parenting/peer support mentoring programs</p>	<p>Conduct in depth review of existing parenting programs and develop characteristics of successful programs</p> <p>Identify, evaluate and measure the impact of parent education</p>

Strong Families (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy/ Research
	<ul style="list-style-type: none"> Family Friendly Employers 	Percentage of Orange County employers reporting such things as flexible work programs for working parents, provision of child care, places to breast feed, pump, etc.		<p>Provide parent education in high school</p> <p>Develop new and expanded domestic violence programs that integrate parenting education into their programs</p>	

Strong Families (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased access and availability to family support services and resources	<ul style="list-style-type: none"> Consumer Satisfaction & Awareness Surveys Program Availability 	<p>Increase in community awareness of services available and satisfaction in services received</p> <p>Increase number of services and service locations geographically dispersed around the county</p>	<p>Promote responsive, convenient, strength based, and accessible services for parents</p> <p>Promote parent and community involvement in planning, design, and delivery of services</p> <p>Promote expansion and development of affordable family recreational activities</p>	<p>Expand community based comprehensive support services sites e.g., Family Resource Centers, Healthy Start programs</p> <p>Expand home visitation services to support new and at risk families</p> <p>Link family education and support services with child care</p> <p>Expand respite care including for families with special needs</p> <p>Develop specialized support services for foster care and relative caregivers</p> <p>Remove barriers such as cost, transportation, language, hours of operation, child care</p> <p>Develop a centralized resource and information system specific to families with children birth through five</p>	

Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased availability and access to quality early care and education	<ul style="list-style-type: none"> Program Accreditation. Early Care & Education Availability 	<p>Number and percentage of accredited early care and education programs</p> <p>Increase in the number of affordable, quality early care and education slots sufficient to meet community needs</p>	<p>Promote accreditation of early care and education programs including family child care programs</p> <p>Strengthen K-12/early care and education instructional coordination</p> <p>Promote development of continuing early care and education resources for children and families so that families and children do not experience a gap in services when transitioning from one system to another</p>	<p>Increase quality early care and education programs in under-served areas and for under-served populations</p> <p>Provide incentives to improve quality and safety</p> <p>Develop incentives (training and salary) to encourage recruitment and retention of quality child care providers, particularly for special needs children</p> <p>Expand services during non-traditional hours and for affordable care for mildly ill children</p> <p>Provide parent education that promotes informed parental choice in the selection of early care and education programs</p>	<p>Track achievement in K-12 system of early care and education graduates</p> <p>Develop a criteria and assessment tool to determine quality early care and education programs</p> <p>Develop a measurement tool to assess the progress of children as they transition to K-12 education</p>

Children Learning and Ready for School (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased access to early screening, assessment, and intervention for developmental, behavioral, emotional, social and other at risk conditions	<ul style="list-style-type: none"> Routine Comprehensive Child care providers who are 	Increase the proportion Developmental Assessments trained and routinely assess and refer children for developmental delays, psycho-social issues and other special needs	Advocate for the development of a standard comprehensive child assessment protocol	<p>Provide training and on-going support for teachers and child development specialists on child screening, assessment and intervention</p> <p>Make screening and assessments available at child care facilities and other easily accessible community based sites</p>	<p>Develop tracking system to monitor implementation and effectiveness of training</p> <p>Develop a standard comprehensive child assessment instrument</p>
Increased available resources to support families with special needs including economic, social, and children with development disabilities	<ul style="list-style-type: none"> Care Availability 	<p>Increase in the number of slots available for children with special needs</p> <p>Reduction in the waiting list of qualified families for subsidized child care</p>		<p>Increase subsidies for families in need of assistance</p> <p>Increase subsidies for families with special needs</p> <p>Remove barriers to care related to transportation, geographic location, lack of space/facilities, and hours of service</p> <p>Provide training and support services for providers working with special need children</p>	

Children Learning and Ready for School (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Increased "school readiness" for kindergarten, successful completion of first grade and ability to read by third grade	<ul style="list-style-type: none"> ▪ "School Readiness" 	Increased "School Readings" for kindergarten, successful completion of first grade and ability to read by the third grade	Promote collaboration between the K-12 educational system and the early care and education system for the purpose of defining school readiness and a common mechanism for measurement	<p>Provide education that promotes parental involvement and supports child development and learning</p> <p>Develop public awareness campaigns about importance of early developmental stimulation</p>	<p>Develop a comprehensive needs assessment of early care and education programs and services to meet the needs of families</p> <p>Develop a comprehensive plan to meet the early care and education needs of families identifying all public and private resources</p>

Integrated Quality Service System: ensure access to a quality child and family support services delivery system

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
A comprehensive array of services to meet the needs of families with children birth to five	<ul style="list-style-type: none"> Responsive Service Planning Leveraging 	<p>Periodically updated strategic plan with increasing public and community input</p> <p>Percentage of Commission dollars invested matched by other government and private sources</p>	<p>Develop a continuous strategic planning and reporting process for the Commission enlisting participation from stakeholders</p> <p>Advocate at the federal, state and local level for actions that promote the Commission mission</p> <p>Fund development strategies that leverage public, private and non-profit funding sources</p>	Develop, expand and support neighborhood based, comprehensive service sites such as Family Resource Centers, Healthy Start programs, and other similar community-based programs	Update database of universally accessible resources and information
A coordinated system of care and services	<ul style="list-style-type: none"> Coordination and Collaboration 	Percentage of Commission funded projects that include interagency cooperative agreements	<p>Seek state and federal waivers and authority to link systems</p> <p>Support the development of collaborative efforts involving public, non-profit and for-profit organizations</p> <p>Strengthen planning linkages, communication, learning and referrals among all Commission funded programs</p>	<p>Develop a centralized resource and information system specific to families with children birth through five</p> <p>Establish a child care coordinator for the county through sub-contract with a community based agency</p> <p>Develop coordinated case management for high risk populations</p> <ul style="list-style-type: none"> Children with special needs Homeless children/families teen parents family violence 	<p>Investigate a variety of service models for the purpose of measuring efficiency and effectiveness</p> <p>Develop strategies to ensure children and families are transitioned in services when the child turns six.</p>

Integrated Quality Service System (con't)

Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Quality Services	▪ Sustainability	<p>Percentage of funds used for multiyear projects</p> <p>Percentage of Commission funded projects still in existence after five years</p>	<p>Support multi-year funding for sustainability</p> <p>Emphasize the participation of consumers and families in all service contracts</p> <p>Fund services based on achievement of results</p>	<p>Provide training, technical, and administrative support to funded programs to ensure quality and results</p> <p>Provide incentives for providers to improve quality and to meet the needs of the multi-cultural and multi-lingual community of Orange County</p>	<p>Develop protocols and uniform data standards to facilitate information sharing and "best practices"</p> <p>*Develop a comprehensive performance management system which includes</p> <p>*County score-card to track results</p> <p>*Annual program performance monitoring and auditing</p> <p>*Program results and Commission outcome monitoring</p> <p>*Operational reviews</p> <p>*Consumer satisfaction</p>
	▪ Performance Results	Annual performance report of program results and outcomes			
	▪ Satisfaction	Provider and consumer satisfaction surveys			

Integrated Quality Service System (con't)

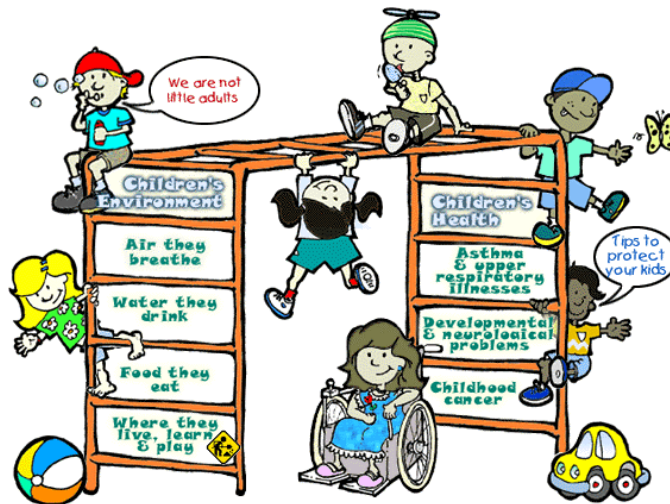
Outcome	Indicator / Objective		Strategy / Policy	Strategy / Program	Strategy / Research
Universal access to services	<ul style="list-style-type: none"> Satisfaction 	Provider and consumer satisfaction surveys		<p>Support extended hours for services at existing service sites and clinics</p> <p>Include support services in program funding to promote access i.e. transportation, childcare, translation etc.</p> <p>Create and develop public information and outreach campaigns</p> <p>Conduct outreach activities to reach isolated populations</p> <ul style="list-style-type: none"> Homeless Immigrants Working poor Teen parents 	Research best practices and service models for targeted population and goals

A l l o c a t i o n P r o c e s s

The Commission has established funding categories to guide the allocation of resources to prioritized strategies presented in the Strategic Plan. The Commission's operating principles serve as the framework for all funding and investment decisions. The principles reflect the Commission's priorities to ensure program sustainability, to specify planned outcomes for all funded projects, to balance investments based on needs and strategies defined in the Strategic Plan and to leverage funding to maximize resources.

After adoption of the first Strategic Plan, the Commission will use these funding categories to guide the development of a more detailed Funding and Allocation Plan. The more detailed plan will address:

- Applicant funding requirements
- Guidelines by which the Commission will make funding awards
- How the Commission will support program sustainability while still investing in new programs
- Procedures for dedicating unspent funds in a reserve account.



Additionally, as part of implementing the Strategic Plan, the Commission plans to develop a Five Year Financial Plan to project anticipated revenues as well as evaluate the impact of multi-year funding investments. With the Strategic Plan, the Funding and Allocation Plan and the Five Year Financial Plan, the

Commission will be well equipped to manage its resources to better the lives of young children in Orange County.

First Year Funding Priorities

Based on a review of all the service, research, and policy strategies included in this Strategic Plan, the Commission has identified the following priorities for the first year. The identified priorities recognize that in some goal areas the initial focus should be on research, such as in the area of child readiness for school, while in other areas

programs have been developed and are already proven models of success, such as in the area of child health. An overall priority implicit in all funding strategies is to ensure service integration to develop a quality, seamless system of care for all children prenatal to five.

First Year Priority Research Strategies

- Develop a comprehensive needs assessment of early care and education programs
- Develop and adopt a standard screening tool to assess newborns and identify family resource needs
- Develop and adopt a standard developmental tool to be used by all appropriate health care providers.
- Develop characteristics and models of successful parenting education programs



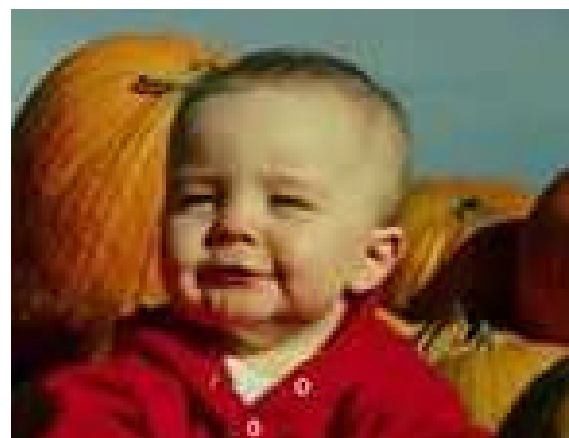
First Year Priority Policy Strategies



- Adopt platform for advocacy to promote the Commission mission and goals
- Promote collaboration to define school readiness
- Seek waivers and authority to link systems
- Advocate for universal access to health care for children from birth through five.

First Year Priority Service Outcomes & Strategies

- Increase the percentage of children who have and use a health home for comprehensive health services with particular focus on early screening and intervention
- Increase availability and access to early care and education
- Increase access and availability to family support services and resources with emphasis on home visitation services and expansion of community based family resource centers
- Increase access to early screening, assessment, and intervention for developmental and other risk conditions



Funding Categories

Seven categories of funding were identified to guide the development of the Commission's Funding and Allocation Plan.



Early Action Programs

Critically important projects approved by the Commission for immediate funding to meet pressing community needs.

Service Strategies

Specific service strategies identified in the Strategic Plan ready to be implemented by the provider community.

Research Strategies

Research needs identified in the Strategic Plan that will provide the basis for future service and/or policy strategies.

Policy Advocacy

Promote and advocate for specific policy initiatives identified in the Strategic Plan.

Infrastructure

Support the development of the Commission organization, community capacity building and a comprehensive system for outcome measurement and reporting on a county and program level.

Timeline for Implementation

By June 30, 2000 the Proposition 10 funds from 1999 shall either be expended, allocated, or formally reserved.

Open Funding Proposals

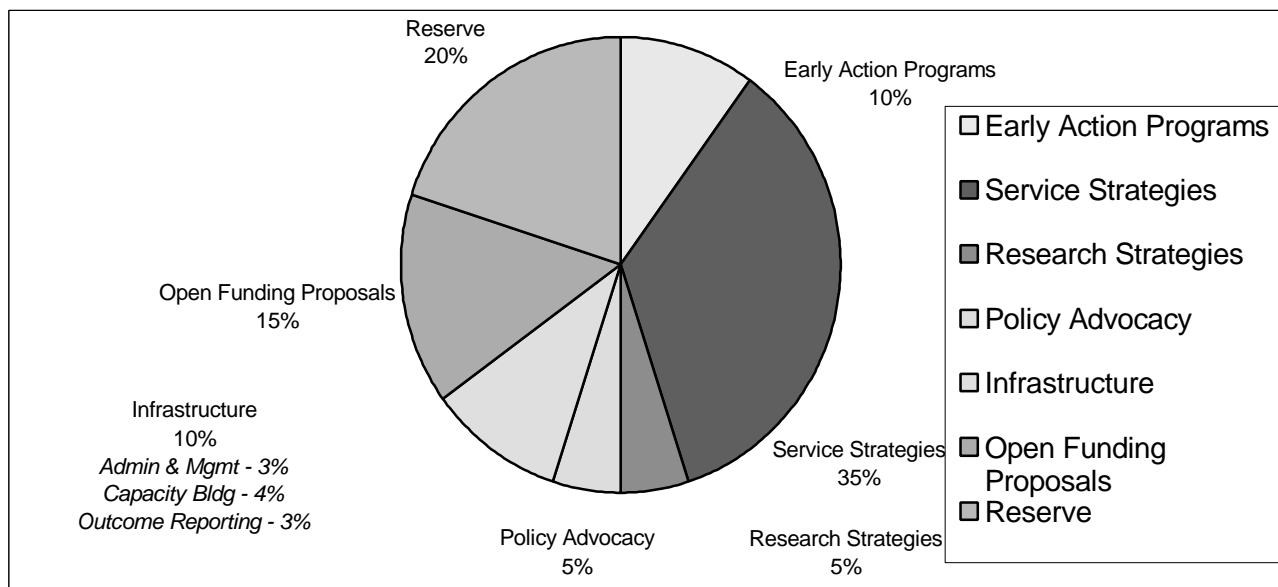
Solicit and/or receive proposal on strategies to achieve the Commission's targeted outcomes based on proven models of success.

Reserve for Future Funding

Set-aside for future needs pending the development of a five-year financial plan.

First Year Planned Funding Distribution

Proposed apportionment of funding is presented in the following chart. It is assumed that funding for each category will not exceed the percentage presented. Actual expenditures may be less than the planned amounts presented.



Leveraging Funds to Maximize Resources

One of the Commission's top priorities is to leverage funding to maximize resources. One of the strategies for achieving this is through coordination. Coordination of services provided to children and their families is essential to assure that appropriate services are provided and to prevent duplication of services. A Commission priority is to ensure collaboration and county-wide planning

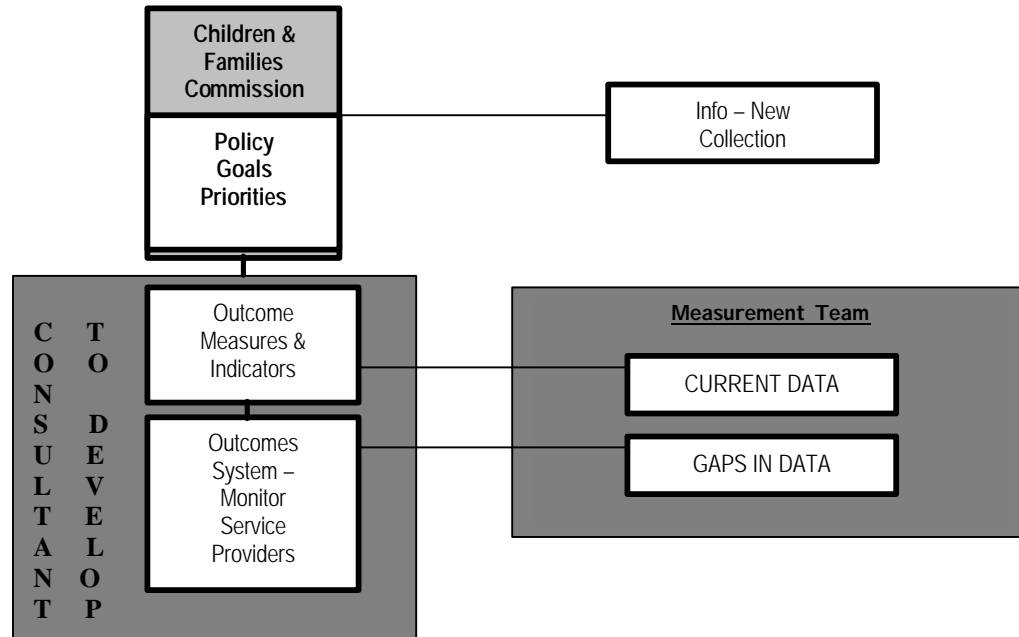
in the development of a responsive local service delivery system. Collaborative planning, coordinated services, and joint funding of projects will allow for greater flexibility in designing innovative delivery systems and greater probability of sustaining projects and achieving mutual goals.

Early Action Programs

Because the Commission received extensive input regarding health, child care and parent education needs as well as the condition of children in Orange County, they saw many critical needs that, if funded now, would affect immediate improvements in children's lives while creating a platform for future Proposition 10 funded programs. Therefore, to achieve a balance between immediate needs and long-term planning, the Commission adopted four Early Action Programs. The Early Action Programs have presented several opportunities for leveraging funds including:

- Purchase of capital project with a local funder
- The ability to maximize Medi-Cal revenue
- In-kind investments from participating community providers
- Partnering with a local funder to provide additional clinic capacity
- Commitment of outside funding for program evaluation

Evaluation Process



Outcome Measures Development Process

The Children and Families Commission needs evaluation information to support resource allocation and other policy decisions. How successful has the Commission been in improving community outcomes? In what ways is a program working well? How can our service networks continue to be strengthened? The Measurement Team for the Strategic Plan has employed several analytical approaches to assess data currently available, gaps in the data, and identify priority indicators which will assist in achieving the Commission's mission.



The adoption of the Strategic Plan brings to completion the first step in an ongoing program to continually assess, evaluate and meet the needs of the early childhood population in Orange County. This first Strategic Plan is intended to be a baseline document, providing both a framework and starting point for evaluating programs and initiatives funded by the Commission. Yet, the success of the plan will largely be

dependent on achieving progress on a number of implementing actions, following adoption of the Strategic Plan.

Implementing a Performance and Outcome Reporting System

The Commission is currently soliciting qualification statements from consultants to support development of a comprehensive program evaluation, monitoring and reporting system. This system will track county-wide trends based on the initial set of outcome indicators as well as spe-

cific funded program results. Investments will need to be made to develop an effective system for analyzing program results, supported by verifiable outcome data, and linking them to county-wide impact.

Tracking Results and Success of the Early Action Programs

The Early Action Programs are important pilot programs for the Commission. They will give the Commission the opportunity to fully develop its systems for program monitoring, evaluation and reporting, contract management, and support of

service collaboratives. The Early Action Programs were selected based on community need and effectiveness of similar programs and, therefore, will be good testing ground for the Commission's efforts.



The strategies presented in the Strategic Plan include a commitment to performance measurement and evaluation. This commitment ensures opportunities to show how strategies will be used to achieve goals, show consequences of budget decisions, and develop useful information to make further policy decisions about the community.

Appendices

Appendix A: Summary of Planning Process

Appendix B: Planning Participants

Appendix C: Early Action Programs



The Planning Process

With the direction and approval of the Commission, committees were formed to facilitate the planning process. They met intensively throughout the planning period from November 1999 into February 2000.

Strategic Planning Infrastructure



Strategic Plan Advisory Committee

This key committee was established by the Commission to assist in the development and implementation of the strategic planning process, the Strategic Plan document, and to provide recommendations to the Commission throughout the process. The Advisory Committee played a

significant role in analyzing community input and local data and developing program strategy recommendations for the Commission's consideration. A list of members and their affiliations is in the Appendix.

Project Team Collaborative

The planning process was coordinated and staffed by a team of parents, staff and volunteer professional experts from public and private

agencies and existing community collaborative planning bodies. A list of members and their affiliations is in the Appendix.

Document Team

This team was responsible for compiling research and demographic information to support the Strategic Plan development, consolidating community input for inclusion in the plan, and preparing the overall Strategic Plan document. Members of this team included staff from United

Way, Social Services Agency, California State University Fullerton's (CSUF) Center for Collaboration for Children, and a parent community volunteer. Members were selected based on their interest, knowledge in the field, access to information and writing expertise.

Measurement Team

This team was responsible for developing recommendations related to outcome measures based on Commission established goals, indicators to monitor progress towards achievement of agreed upon outcomes, and processes for measurement and reporting. Members of the team included Directors and staff from the Orange County Health Needs Assessment Project, the Center for Collaboration for Children, the Or-

ange County Child Care and Development Planning Council, United Way, and the Social Services Agency, FaCT program. These members were chosen based on their expertise in the outcomes and measurement field and because their organizations already collect county-wide demographic and needs data and are intimately familiar with available data.

Collaborative Partners

The Commission developed a strategic planning process which included facilitated meetings and focus groups for the purpose of receiving community input on priority outcomes and strategies. Community engagement efforts were co-hosted

by the Commission and existing local community collaborative projects. Collaborative partners promoted the events to their constituents.

Strategic Planning Process

The planning process was approved in November 1999, concluded in February 2000, and included the following key elements:

- Community Needs and Resources Review
- Review of Best Practices and Research
- Community Outreach and Involvement
- Commission Workshops/Meetings
- Commitment to Annual Review and Revision

Community Needs and Resources Review

The Project Team, consultants, and local Orange County experts gathered and analyzed existing demographic and trend data, current needs assessments, and resource maps that align needs

and resources geographically. In so doing, gaps were also identified. Included among the documents reviewed were:

The 5th Annual Report on the Condition of Children in Orange County 1999

The Countywide Health Needs Assessment Spring Report 1999

The Orange County Community Indicators Report 1999

*The Social Ecology of Health and Human Services in Orange County:
A Geographic Information Systems Approach to Resource and Need Mapping*

The Child Care and Development Coordinating Council Needs Assessment

A Local Action Plan for the Juvenile Justice System of Orange County, 3/1/99

The Orange County Progress Report 1999 – Center for Demographic Research

In Search of Hope:

A Scientific Study of Services, Needs, and Demographics of Orange County's Homeless

1999 Continuum of Care Strategy

This information was summarized and presented to the Commission at its first strategic planning workshop and helped to form the rationale for the Strategic Plan.

Review of Best Practices and Research

Staff gathered and distributed to the Advisory Committee and the Commission various documents summarizing the research literature related to best practices and effective interventions for early childhood development, parent education and support. In addition, reports were studied related to specific populations such as sub-

stance abusing women with young children, families involved in the child welfare system, juvenile justice and homeless families. This information was critical for the development of effective intervention strategies as part of the Strategic Plan.

Community Outreach and Involvement

Hundreds of community members representing diverse ethnic, gender, age, socio-economic and professional characteristics, life experiences, and interests participated in this initial Proposition 10 strategic planning process. It is the full intent of the Commission to maintain on-going and open

communication with the broad community so as to facilitate continued input and involvement in planning and to assure a consumer friendly and responsive service system. There were a variety of opportunities for involvement and systems established for on-going involvement including:

Community Forums

Seven community forums were conducted during the months of December and January involving over 350 participants. These forums, each which lasted three hours in length, were co-hosted by the Advisory Committee and a community partner. Community partners included:

- Families and Communities Together (FaCT)
- Orange County Child Care and Development Planning Council
- Children's Services Coordination Committee
- Prevent Child Abuse Orange County
- Orange County's United Way
- Orange County Health Needs Assessment Project and Latino Health Access
- St. Anselm's Cross Cultural Community Center

Members of the Advisory Committee as well as Commissioners attended each forum, welcomed participants, gave an overview of Proposition 10, and explained the purpose and importance of community input. The forums were professionally

facilitated using Open Space Technology; a highly interactive process developed to gather as many ideas as possible from large groups in short periods of time and then to focus on common themes.

Participants in the community forums were diverse: ranging in age from teens to seniors; speaking English, Spanish, Vietnamese, Cambodian, Muslim languages and others; with education from grade school to graduate degrees; work experience from minimum wage service jobs to professionals; and multiple family structures including single people without children, married couple parents, single parents, foster/adoptive parents, relative caregivers, parents with children with special needs and more.

All of the forum notes were recorded, processed, analyzed and incorporated into the Strategic Plan. A summary of the input was published in a newsletter and distributed to all participants and other community members through the use of a number of existing collaborative mailing lists.

Common overarching themes from these community forums were:

- **Focus on the Whole Family** – need to maintain healthy parents and children, improve parenting skills, and strengthen parent/child attachment.
- **Universal Access** – need to reduce common barriers to access, close the gap between needing a service and receiving a service, and better access to all basic services.
- **Coordination and Collaboration**– service providers need to coordinate and collaborate so as to effectively and efficiently reach and serve more people.
- **Centralization** – certain aspects of service industry need to be centralized such as re-

source information, advertising, and marketing.

- **Decentralization** – to address many of the identified barriers, service delivery needs to become much more neighborhood based

The following ten topical areas emerged from the different groups:

- General Coordination & Collaboration
- Parenting Education and Support
- Preschool and Child Care
- Health Care
- Transportation
- Housing
- Family Violence and Substance Abuse
- Language and Ethnic Diversity
- Public Information and Media
- Professional Education and Awareness

Focus Groups

Five focus groups were professionally conducted with specific populations to assure their input into the process. These included:

- Mono-lingual Spanish speaking mothers and fathers ranging in age from the early 20s through the 40s, mostly of low income, little education and working,
- Spanish speaking mothers who were active in various facets of community development,
- Drug involved pregnant and postpartum women,
- Staff and community health advocates, or “promotores”, from a community based non-profit agency,
- “Mainstream” working parents.

A total of 62 focus group participants responded to questions related to issues both inside and outside the family that affect health and development of young children, needed services and barriers to accessing services. Common themes from the focus groups:

Concerns

- Lack of neighborhood safety
- Overcrowded and poor housing
- Domestic Violence
- Drugs/Alcohol/Tobacco
- Inappropriate TV/Videos

Services Needs

- Child Care
- Referral Networks
- Job Training/Education
- Transportation
- Transition Services for Women in Recovery
- Parent Education
- After-School Activities
- Low Cost Dental Care/Immunizations
- Housing for Vulnerable Pregnant Women

Barriers

- Lack of Health Insurance or Eligibility
- Discrimination/Poor Treatment by Service Providers
- Documentation/Immigration Issues
- Cost/Expense of Services
- Lack of Trust in Health Care Providers

Community Presentations

Numerous requests came to the Project Team for individual Proposition 10 presentations from organizations, businesses, and other community groups who were not able to participate in the forums. Staff made eight community presentations in response to these requests to the:

- Santa Ana Strategic Alliance Group – civic and business leaders
- South Orange County Community Services Council
- Orange County Community Relations Council – staff from corporate giving programs
- Foster/Adoptive/Relative Caregiver Network
- Tobacco Use Prevention Coalition
- Continuum of Care Community Forum Collaborative – Homeless Issues Task Force, Shelter and Hunger and Partnership and the County Executive Office.

- The Kennedy Commission – advocates for quality affordable housing for very low income people
- Answers Benefiting Children Funding Team for child abuse prevention planning

These presentations included an overview of Proposition 10, its purpose, role of the Commission and the importance of community input for planning. Time was allotted for participant input. However, since the presentation was usually part of an existing agenda, a questionnaire was also developed and distributed giving participants an additional avenue for having their ideas heard. This input was summarized as well with key themes that were similar to those reported in the community forums.

Public Hearings

A public hearing was held on February 2, 2000 in the Planning Commission Room to allow for review and final input into the Strategic Plan before its adoption on February 16, 2000. 65 people were in attendance, representing a spectrum of interests in the community. The Commission

heard over a dozen public comments before discussing the plan themselves. These public comments, in addition to the Commission's concerns, were incorporated into the final Strategic Plan document.

Website

A Proposition 10 website was added to the County's website to provide public access to the latest developments of the Children and Families Commission in Orange County.

www.oc.ca.gov/prop_gc/p10_final/index.htm

In addition to basic information about Proposition 10 and the Commission, the webpage contains information regarding meetings, agendas, min

utes, community forums, newsletters, and opportunities to contribute to the planning process.

There is also a Proposition 10 e-mail address: Prop10@ceo.hoa.co.orange.ca.us that has been well used by the public as a means to ask questions and submit ideas and concerns. Lastly, there is also a Proposition 10 phone line (714-796-0464) that has been utilized frequently by the public for questions and comments.

Newsletter

Two newsletters were developed and distributed to approximately 8,000 residents. The first newsletter contained an outline of Proposition 10's purpose and an invitation to attend one of the community forums. It also included a ques-

tionnaire as an additional means to submit input for those who could not attend a forum. The second newsletter contained a summary of the community forum and focus group input.

Other Media Efforts

Additional materials were developed and distributed to help educate the public about the purpose, goals and structure of the Children and Families Commission, to clarify the difference between Proposition 10 and the tobacco settle-

ment funds, and to advertise the community forums. A public relations firm was hired to further develop community awareness materials and provide information for the media related to the Commission's Strategic Plan.

Commission Workshops/Meetings

In addition to its regular monthly meetings, the Commission added two special meetings in January and February to address the Strategic Plan. The full Children and Families Commission also met in a daylong strategic planning workshop in December that focused on developing and adopting a preliminary vision, mission, goals and set of operating principles. During regular Commission meetings, a variety of community

experts and advocates presented on issues such as homeless children and families, children's mental health, safe child care, injury prevention, substance abuse, tobacco use prevention and early screening for developmental delays including autism. In between meetings, the Commission reviewed voluminous materials including needs assessment reports and research related to effective intervention strategies.

Commitment to Annual Review and Revision

The Commission recognizes the critical and enormous nature of its charge – to create a consumer-oriented, easily accessible, high quality, effective system that supports the healthy growth and development of young children. It is the

Commission's intent, therefore, that this initial Strategic Plan be viewed as a "living" document to be reviewed annually and revised as needed based on new information, evaluation findings, emerging needs, and changes in the community.

A c k n o w l e d g m e n t s

Orange County Children and Families Commission:	
Charles Smith: <i>Chair</i>	Chairman - Orange County Board of Supervisors
Dr. Maria Minon: <i>Vice-Chair</i>	Vice President of Medical Affairs for Children's Hospital of Orange County, Pediatrician
Kimberly Cripe	President and CEO of Children's Hospital of Orange County
Dr. Alberto Gedissman	Pediatrician in Private Practice
Dr. Peter Hartman	Superintendent of Schools for Saddleback Valley Unified School District
Hugh Hewitt	Attorney with Hewitt and McGuire
Crystal Kochendorfer	Member of the Board of Trustees for Capistrano Unified School District
Larry Leaman	Director of the Orange County Social Services Agency
Julie Poulson	Assistant Director of the Orange County Health Care Agency

Strategic Plan Advisory Committee:	
Dr. Mark Horton: <i>Chair</i>	Orange County Health Officer and Director of Public Health
Lilia Powell: <i>Vice-Chair</i>	Director of Student Services, Santa Ana College
America Bracho	Chief Executive Officer, Latino Health Access
Ellin Chariton	Director of Child Development Services Program Orange County Department of Education
Mary MacIntyre Hamilton	Executive Director, Fieldstone Foundation
Gene Howard	Executive Director, Orangewood Children's Foundation
Elda Lavinbuk	Chair, Orange County Child Care and Development Planning Council
Sheri Senter, Ed. D.	Chief Executive Officer, National Pediatric Support Services
Maria Chavez Wilcox	President, Orange County's United Way

Project Team Collaborative:	
Alan Albright	Orange County Health Care Agency
Pam Austin	Orange County Health Needs Assessment Project
Debbie Coven	Community Volunteer
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Sid Gardner	5 th Annual Report on the Condition of Children
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Early Action Programs

In order to meet critically important childhood development needs, the Orange County Children and Families Commission is funding four Early Action Programs that are fundamental platforms for programs the Commission will support in the future.

Assistance for High Risk Families

- Helps keep troubled families together by providing full-time child care for at-risk children
- Administered by Children's Home Society of Calif.

The Need

Many families at risk of child abuse and neglect and receiving child protective services do not have access to child care services to provide emotional and economic relief. This can intensify risk and increase vulnerability to removal of children from the home. It also can prevent the re-

turn of children from out-of-home placement. Until the Orange County Children and Families Commission funded this program, adequate funding was not available to meet this fundamental, important need for child care and family support.

Program Description

This program will provide family support and child care assistance to 60 Orange County children from birth to five years old, who have been identified to be at risk of abuse or neglect and in receipt of child protective services. It is not enough just to provide assistance, however, so this program also will help ensure that the child care provided is the best it can possibly be. It does this by:

- Teaching parents how to select a quality child care provider
- Providing an improved child care referral system to parents
- Requiring families to select a licensed child care provider, unless there are special circumstance that would make a non-licensed provider the better choice
- Continually following up to evaluate the parent's child care arrangements
- Visiting child care sites to monitor the child's progress in the child care setting

The program will focus on children who are at immediate risk of removal from their homes, and on cases where reunification of a family would be expedited through the availability of child care. Parents will have to meet eligibility requirements, and in some cases, co-payments will be required.

Expanded Health Services at Family Resource Centers

- Improves child health and school readiness by strengthening one of the County's most effective health outreaches, the Family Resource Centers (FRC)
- Administered by Orangewood Children's Foundation



The Need

According to research reports:

- 90,000 children in the county have no healthcare coverage
- 143,000 parents did not take their children to a health check-up in the last year
- 36% of the kindergartners in the county did not have adequate immunizations at two-years of age
- 5.3% of the children born in the county had low and very low birth rates, putting them at higher risk for serious illness, disability, learning disabilities and lifelong health difficulties

Program Description

These statistics would improve dramatically if understanding of available healthcare resources was more widespread in Orange County's poorest communities. This program will provide additional public health nurses and family advocates ("*promotores*") to five of Orange County's Family Resource Centers (FRC). With these new resources, FRC's will:

- Use existing, established and trusted programs to immediately provide outreach to families with young children
- Make more public health nurses available to low-income communities for in-home visits, preventive health teaching, family-centered assessments and case management
- Add trusted *promotores* to help reach poor families in need of health services
- Link with local funding organizations to create new programs, including home visitation, dental and health clinics, immunization services and special developmental programs

Increased Hospital Support for Families

- Improves access to health services for families of children by helping high-birthrate, high-neonatal hospitals provide specialized support
- Administered by numerous hospitals throughout the county



The Need

Research overwhelmingly supports the finding that healthy nutrition and a healthy environment for child and mother at the beginning of a child's life can have a positive impact on the child's development. Unfortunately, thousands of Orange

County children suffer from unhealthy nutrition and environments, in part because their parents don't have health insurance, or don't understand the healthcare benefits available to them.

Program Description

By placing a case management professional in hospitals with high birth-rates or neonatal and pediatric intensive care units, this program will increase access to healthcare by families with young children. The hospital based case manager will:

- Identify children (prenatal to five years old) for intensive case management
- Create a plan so the child gets a follow-up medical appointment and the family is given

information on resources available to them in the community

- Use additional project funds to overcome barriers to child health services through translations services, transportation, and similar services
- Utilize the network of hospitals as a forum for the development of methods to improve community support for children and their families

Perinatal Residential Substance Abuse Treatment Services

- Create a second residential substance abuse treatment program in Orange County, with a capacity to serve 20 pregnant and parenting women and up to 24 children.
- Decrease rates of child abuse and neglect through the mothers' development of appropriate parenting skills, which will reduce the risk of removing children from the home
- Decrease numbers of substance exposed births.



The Need

Children are exposed to alcohol and drugs in utero or through the environment in which they live. It is estimated that 11% of births are substance exposed in utero, and that 11% of children live in alcoholic homes, or homes in which their parents need treatment for substance abuse. A 1991 study estimated that statewide over 730,000 children were living with parents who had used illicit substances in the last thirty days. Children of substance abusing parents are

3 times more likely to be abused and 4 times more likely to be neglected than other children. (Ebener, P; McCaffrey, D. & Saner, H. 1994. Prevalence of alcohol and drug use in California's household population, 1988-1991: Analysis of the California subsample from the National Household Survey on Drug Abuse. Prepared for the State of California, Department of Alcohol and Drug Programs. Santa Monica, California: RAND. DRU-713-CDADP/DPRC, August.)

Program Description

This program will establish a perinatal residential substance abuse treatment program at a 44 bed facility to serve 20 pregnant and parenting women and up to 24 children, 72% of whom are 0-5 years old, at any given time. Culturally ap-

propriate services will be provided, including dealing with the disease of addiction, appropriate mental health care for both women and children, and child development services.